71-05-Maternal Health

Fund/Agency: 001/71	Health Departme	ent	
Personnel Services	\$2,466,885		
Operating Expenses	\$577,615		
Recovered Costs	\$0	CAPS Percentage of Agency Tota	
Capital Equipment	\$12,000		
Total CAPS Cost:	\$3,056,500	8.3%	
Federal Revenue	\$0		
State Revenue	\$1,189,694		
User Fee Revenue	\$53,963		
Other Revenue	\$102,638		
Total Revenue:	\$1,346,295	91.7%	
Net CAPS Cost:	\$1,710,205		
		■ Maternal Health □ All Other Agency CAPS	
Positions/SYE involved in the delivery of this CAPS	45/45		

▶ CAPS Summary

The Maternal Health Program provides pregnancy testing and follow-up, prenatal care, and teaching and guidance to low-income pregnant women in an effort to improve pregnancy outcome and reduce infant morbidity and mortality. Early and continuous prenatal care is a key to improving outcome.

The population served in the maternity program is becoming more culturally diverse, mirroring the changes in the County. This diversity poses special challenges in the provision of health care. Language and the ability to communicate are a major concern. In addition, unique cultural and religious beliefs impact how care is given and how receptive the client is to receiving care.

Health Department

Pregnancy testing, counseling, and follow-up are clinical services and are provided regardless of income. Follow-up is provided to clients who are at risk for poor pregnancy outcome to assure access to care (teenagers, previous low birth weight baby, substance abuse, etc.). In FY 2000 3,870 pregnancy tests were provided and 2,795 were positive. The number of tests done represents a 27 percent increase over the 3,035 tests completed in FY 1998.

Maternity services are provided in the clinic, home and community. The Health Department provides prenatal clinical management through the first two trimesters of pregnancy. Fairfax Hospital provides last trimester care, care to the medically high risk, and delivery services. Each new maternity patient receives a home visit by a Public Health Nurse (PHN) who obtains medical and psychosocial information and assesses the need for on-going case management. Case management is indicated if the woman is at risk for poor outcome due to either medical or psychosocial issues (multiple births, teenager, substance abuse, homelessness, etc.). In addition, a home visit is made after delivery to each mother and baby to assess health status and ensure that the mother and baby have a medical home for on-going care. Many of these visits are to women who were discharge 24-48 hours after delivery and are made within 24-48 hours after discharge 7 days a week. In FY 2000, 2,060 women received care, an increase of 6 percent over the 1,919 seen in FY 1998. Staff provided over 6,700 clinic visits and over 25,000 other contacts (home visits, office visits, and telephone calls) in FY 2000.

The overall low birth weight rate for Health Department clients was 5.6 percent in FY 2000. This compares favorably with the overall rate of 6.1 percent for Fairfax County.

▶ Method of Service Provision

Services are provided at all five Health Department field sites (Herndon-Reston, Falls Church, Mt. Vernon, Springfield and Fairfax) either on a walk-in or appointment basis.

Pregnancy Testing is provided five days a week on a walk-in or appointment basis based on client preference. Each site provides 33 hours of walk-in services a week. Early morning hours (7:30 a.m.) and evening hours (until 6:00 p.m.) are offered one day a week.

Maternity clinic is by appointment only. The number of clinics at each site depends on the caseload, with clients having choice of morning or afternoon appointments.

Health Department

► Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Number of pregnancy tests	3,035	3,160	3,870	3,900	3,900
Number of positive tests	2,218	2,382	2,795	2,800	2,800
Percent at risk under care	87%	87%	86%	87%	87%
Percent under care 1st trimester	63%	65%	64%	66%	68%
Number of women receiving prenatal care	1,919	2,026	2,060	2,070	2,070
Low birth weight rate	5.6%	5.2%	5.6%	5.4%	5.2%

▶ Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 76 - 100%. The specific Federal or State code and a brief description of the code follows:

• <u>Code of Virginia</u> 32.1-11, 32.1-77, Social Security Act, Title V, and State Department of Health agreement with local government.

▶ User Fee Information

Subobject			FY 2002 ABP
Code	Fee Title		Fee Total
0665	Pregnancy Testing		\$23,637
Current Fee		Maximum Allowable Fee Amount	
Pregnancy testing is a flat fee.		Fees are set in accordance with the Virginia State Board of Health.	
Maternity services are on a sliding scale.			

Purpose of Fee:

To offset the cost of services.

Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
Board of	Yearly review of fee structure.	2001
Health		

Other Remarks:

Health Department

Subobject			FY 2002 ABP	
Code	Fee Title		Fee Total	
0674	Medicaid Maternal Care Coordination		\$350	
Current Fee M		Maximum Allowable	num Allowable Fee Amount	
\$10 per risk screen		Current fee		
Purpose of Fee: These are fees for the case management of mothers on Medicaid.				
Levy Authority	Requirements to Change the Fee		Year Fee Was Last Adjusted	
Legal authority is State Board of Health	Set by Medicaid and adopted by Board of Health.		2000	
Other Remarks:				

Subobject			FY 2002 ABP	
Code	Fee Title		Fee Total	
0675	Medicaid Maternal Clinic		\$11,549	
	Current Fee Maximum Allowable		Fee Amount	
\$37.00	Current Fee			
Purpose of Fee:				
Initial and follow-up exams for maternity clients.				
Levy			Year Fee Was	
Authority	Requirements to Change the Fee		Last Adjusted	
State Board of	As determined by Board of Health.		2000	
Health				
Other Remarks:				

Subobject		FY 2002 ABP			
Code	Fee Title		Fee Total		
0677	Non-Medicaid Maternal Clinic		\$18,427		
Current Fee Ma		Maximum Allowable	num Allowable Fee Amount		
\$0-\$18.50 based	\$0-\$18.50 based on eligibility Current fee				
Purpose of Fee:					
Initial and follow	Initial and follow-up exams for maternity clients who are not covered by Medicaid.				
Levy		Year Fee Was			
Authority	Requirements to Change the Fee		Last Adjusted		
State Board of	As determined by Board of Health.		2000		
Health	•				
Other Remarks:					